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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
***THERAPEUTIC CANNABIS PROGRAM***

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## Application for the Therapeutic Use of Cannabis Designated Caregiver

### GENERAL PROGRAM INFORMATION

Information about the Therapeutic Cannabis Program, including the enabling law (RSA 126-X), the administrative rules (He-C 400), and all required forms, is available on the Program's website at: <http://www.dhhs.nh.gov/oos/tcp/index.htm>.

#### ***Application process***

The application process takes up to 20 calendar days from the date a complete application is received by the Therapeutic Cannabis Program. The Program will approve or deny an application within 15 calendar days of receiving a complete application. If approved, the Program will issue a Registry Identification Card within 5 days of approval. *Information regarding application status will not be given over the phone.*

#### ***Incomplete application***

If an application is received and it does not contain all required information and supporting documentation, it will be considered incomplete. The Program will notify you in writing within 10 business days of receiving an incomplete application. The notice will specify the information or documentation required to be submitted before the application can be processed. If you fail to provide the missing information or documentation within 30 days of the notice, your application shall be determined to be incomplete and will not be processed.

#### ***Application fees***

The \$50 application fee to become a Designated Caregiver is non-refundable. Make check or money order payable to "Treasurer, State of New Hampshire". Fees will not be returned to an applicant whose application is denied or determined to be incomplete.

#### ***Minimum requirements to be a Designated Caregiver***

- You must be at least 21 years old.
- You must never have been convicted of a felony. You must notify the Program immediately upon being convicted of a felony in this or any other state.
- The Qualifying Patient(s) listed on your application has designated you as his or her caregiver.

#### ***Criminal history records check***

Your application will not be considered complete until the NH Division of State Police, Department of Safety, has released the results of criminal history records check to the Program. Conducting the criminal records check can sometimes be a lengthy process. It is advisable to begin the criminal history records check process prior to submitting your application.

#### ***Number of Qualifying Patients allowed***

You may be the Designated Caregiver for up to five Qualifying Patients. An exception to this limit is if both you and any Qualifying Patients over and above five live more than a 50-mile drive from the nearest Alternative Center (ATC), in which case you may be the Designated Caregiver for up to nine Qualifying Patients. For example, if you want to have six Qualifying Patients, both you and at least one of the six Qualifying Patients must live more than a 50-mile drive from the nearest ATC. If you want to have seven Qualifying Patients, both you and at least two of the seven Qualifying Patients must live more than a 50-mile drive away from the nearest ATC, etc.

### ***Designated Caregiver List of Qualifying Patients***

The Program will provide you with a current list of Qualifying Patients for whom you serve as Designated Caregiver. The Program strongly advises that you carry this document with you when transporting or possessing therapeutic cannabis. The information contained in the document is confidential; however, it may be shared with law enforcement officers.

### ***Compensation***

Please note that you may receive compensation for actual costs, such as gas, tolls, etc., but not for any time or labor, associated with assisting your Qualifying Patient(s) with the therapeutic use of cannabis.

### ***Alternative Treatment Centers***

On your application you will be required to indicate the ATC that has been selected by your Qualifying Patient. You may purchase cannabis for that patient only from the ATC that the Qualifying Patient has selected. Your Qualifying Patients are not required to select the same ATC. Qualifying Patients may change the ATC designation at any time. This change may take up to 10 days. The ATCs are:

- Prime Alternative Treatment Centers of NH, Inc., with a dispensary located in Merrimack.
- Sanctuary ATC, with a dispensary located in Plymouth.
- Temescal Wellness, Inc., with dispensaries located in Dover and Lebanon. (The Dover and Lebanon dispensaries are separate ATCs. Selecting one does not allow a Qualifying Patient or Designated Caregiver to utilize the other location.)

### ***Changes of information***

You are required to notify the Program in writing of changes to the following:

- *Name or Address.* Use the "Change of Information/ Lost Card" form to request such change, which is available on the Program's website. A new Registry Identification Card, including a new identification number, will be issued to you within 20 days of your request. There is a \$25 fee for the replacement card. Failure to notify the Program of a change to your name or address within 10 days of the change will result in a fine of \$150.
- *Qualifying Patient.* Use the "Caregiver Designation/Removal" form to request such a change, which is available on the Program's website. The Program will provide you with a new list identifying the Qualifying Patients for whom you serve as Designated Caregiver. (See "Designated Caregiver List of Qualifying Patients" above.) There is no fee associated with this change, and you will not be issued a new Registry Identification Card.

### ***Return of outdated or expired Registry Identification Card***

A Registry Identification Card with outdated information, whether due to a change of information or because it has expired, must be returned to the Program within 10 business days of your receipt of a new card. Failure to timely return the outdated card to the Program shall be grounds for the Program to void the newly issued card until the outdated card is returned to the Program. You will not be able to purchase cannabis at an ATC with a voided Registry Identification Card.

### ***Lost Registry Identification Card***

If you lose your Registry Identification Card, whether due to loss, theft, or destruction, you are required to notify the Program in writing within 10 days of discovering the loss. Please submit the "Change of Information/Lost Card" form along with a check or money order made payable to "Treasurer, State of New Hampshire" in the amount of \$25. Within 5 calendar days of receiving written notice of the loss and the \$25 fee, the Program will re-issue a new Registry Identification Card, including a new identification number. You will not be able to purchase cannabis at an ATC without a valid Registry Identification Card.

## **THERAPEUTIC CANNABIS PROGRAM DESIGNATED CAREGIVER APPLICATION INSTRUCTIONS**

1. Carefully read the general program information available on the Program's website.
2. Type or print in ink your responses on the application.
3. All certifications and acknowledgments on the application that require signature or initialing must be completed in ink. Photocopies or facsimiles of the application will not be accepted.
4. Arrange to have a digital photograph of your face taken. The digital photograph will be used for your Registry Identification Card. A passport photo taken by a studio or store is preferred, but you may also use your own digital camera. In either case, the photograph you submit must meet the following requirements:
  - a. The digital photograph must be in .jpg format, and supplied on a compact disc (CD) that has is labeled with your name and date of birth;
  - b. The photograph shall contain a front image of your full face, taken in natural color;
  - c. Your face must appear against a white background;
  - d. Your face takes up at least 70% of the photograph;
  - e. Do not wear a hat, sunglasses, or any item that alters or disguises the overall features of your face; and
  - f. The photograph must be taken not more than 30 days prior to the date of the application.
5. Enclose a check or money order made payable to "Treasurer, State of New Hampshire" in the amount of \$50. The Program cannot accept cash, credit cards, or installment payments. All application fees are non-refundable in accordance with He-C 401.14(c).
6. For an initial application, you will need to have the results of a criminal history records check released to the Program before your application will be considered complete.
  - a. Submit to the NH Division of State Police, Department of Safety the following: (1) a notarized "Criminal History Record Information Authorization for Therapeutic Cannabis" form, available on the Program's website; (2) a complete set of electronic fingerprints taken by a qualified law enforcement agency or an authorized employee of the Department of Safety; and (3) the required fee.
  - b. The Division of State Police will conduct a criminal history records check through its records and through the Federal Bureau of Investigation. Upon completion of the records check, the Division of State Police will release a copy of your criminal history record to the Program.
  - c. In the event that, after two attempts, your electronic fingerprints are invalid due to insufficient pattern, the Program may, in lieu of a criminal history records check, accept police clearances from every city, town, or county where you have lived during the past five years. You will need to (1) obtain a police clearance from the local police department of each town, city, or county where you have lived during the past 5 years, and (2) submit the police clearances to the division of state police.
7. For a renewal application, a criminal records check is not required. Instead, you must submit a signed "Designated Caregiver's Attestation of No Felony Conviction" available on the Program's website. If there is a lapse in your registration, a subsequent application will be considered an initial application and you will be required to have the results of a new criminal history records check released to the Program.
8. Mail or hand deliver the completed application (pages 4–6 of this packet) and supporting documents to:  
NH Department of Health and Human Services, Therapeutic Cannabis Program, Brown Building, 129 Pleasant Street, Concord, NH 03301.

**Items 4 and 5 must be included with your completed application.**

## APPLICATION FOR THE THERAPEUTIC USE OF CANNABIS – DESIGNATED CAREGIVER

**Instructions:** Complete all sections of this form. Sections labeled “Optional” need to be completed only if they apply to you. Please type or print in ink your responses on this form.

### APPLICANT INFORMATION

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	If a renewal application, your Registry ID Number		
<b>Name</b>	Last	First	Middle
<b>Mailing Address</b>	Street/P.O. Box		County
	City	State	Zip Code
<b>Phone Number</b>			
<b>Physical Address</b>	(If different than mailing address)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>E-Mail Address (optional)</b>	

### QUALIFYING PATIENT INFORMATION

You may be the Designated Caregiver for up to five Qualifying Patients. An exception to this limit is if both you and any Qualifying Patients over and above five live more than a 50-mile drive from the nearest ATC, in which case you may be the Designated Caregiver for up to nine Qualifying Patients.

The Qualifying Patient for whom I will be serving as a Designated Caregiver is:

<b>Name</b>	Last	First	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Phone Number</b>			
<b>Physical Address</b>	(If different than mailing address) (If the qualifying patient is homeless, this shall not be required)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>E-Mail Address (optional)</b>	
<b>Alternative Treatment Center</b>	Check the box of the ATC selected by this Qualifying Patient. Check only one box. <input type="checkbox"/> Dover – Temescal Wellness <input type="checkbox"/> Merrimack – Prime Alternative Treatment Centers of NH <input type="checkbox"/> Lebanon – Temescal Wellness <input type="checkbox"/> Plymouth – Sanctuary ATC		

**ADDITIONAL QUALIFYING PATIENT INFORMATION – OPTIONAL****The additional Qualifying Patients for whom I will be serving as a Designated Caregiver are:**

<b>Name</b>	Last	First	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Phone Number</b>			
<b>Physical Address</b>	(If different than mailing address) (If the qualifying patient is homeless, this shall not be required)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>E-Mail Address (optional)</b>	
<b>Alternative Treatment Center</b>	Check the box of the ATC selected by this Qualifying Patient. Select only one box. <input type="checkbox"/> Dover – Temescal Wellness <input type="checkbox"/> Merrimack – Prime Alternative Treatment Centers of NH <input type="checkbox"/> Lebanon – Temescal Wellness <input type="checkbox"/> Plymouth – Sanctuary ATC		

<b>Name</b>	Last	First	Middle
<b>Mailing Address</b>	Street/P.O. Box		
	City	State	Zip Code
<b>Phone Number</b>			
<b>Physical Address</b>	(If different than mailing address) (If the qualifying patient is homeless, this shall not be required)		
<b>Date of Birth</b>	MM/DD/YYYY	<b>E-Mail Address (optional)</b>	
<b>Alternative Treatment Center</b>	Check the box of the ATC selected by this Qualifying Patient. Select only one box. <input type="checkbox"/> Dover – Temescal Wellness <input type="checkbox"/> Merrimack – Prime Alternative Treatment Centers of NH <input type="checkbox"/> Lebanon – Temescal Wellness <input type="checkbox"/> Plymouth – Sanctuary ATC		

**ADDITIONAL QUALIFYING PATIENTS MAY BE ADDED  
BY COMPLETING ADDITIONAL COPIES OF THIS PAGE**

## THERAPEUTIC CANNABIS PROGRAM ACKNOWLEDGEMENTS

The applicant must initial each paragraph to acknowledge his or her understanding of the information.

Initials	
	I understand that if my application is approved, my Registry Identification Card is valid for one year, unless a shorter duration is indicated. I must renew my Registry Identification Card every year by submitting another application and paying a \$50 fee.
	I understand that if I am notified of a denial, I have 30 days to appeal this decision from the time I receive notice of the denial, and that if a request for a hearing is not made within that timeframe then I will be deemed to have waived my right to a hearing and the action of the Department shall become final.
	I understand that if my application is approved and I am in possession of a Registry Identification Card, I may not possess, between myself and my Qualifying Patient(s), more than two ounces of usable cannabis per Qualifying Patient.
	I understand that as a Designated Caregiver I am not permitted to use therapeutic cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so.
	I understand that as a Designated Caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X.
	I understand that if my application is approved, I may not be in possession of therapeutic cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.
	I understand that in the event of my Qualifying Patient's death, I will, within five days of his or her death: (1) notify the Program of his or her death; and (2) either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA 126-X:2, XIV.
	I understand that if I am found to be in possession of therapeutic cannabis outside of my home and I am not in possession of my Registry Identification Card, I may be subject to a fine of up to \$100.
	I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement officer or for the use of cannabis other than use undertaken pursuant to this RSA 126-X.
	I understand that the protections conferred by RSA 126-X for the therapeutic use of cannabis are applicable only within New Hampshire.
	I understand that I must be in compliance with RSA 126-X, Use of Cannabis for Therapeutic Purposes, and with administrative rules adopted thereunder, and that the Department may revoke my Registry Identification Card for any violation of any provision of RSA 126-X or any violation of the administrative rules adopted thereunder.

### CERTIFICATION AND NON-DIVERSION PLEDGE

I, hereby, agree to act as the Designated Caregiver for the Qualifying Patient(s) named in this Application, and I certify that the facts as stated in this Application are accurate to the best of my knowledge and belief. I understand that any false statements made on this Application are punishable as unsworn falsification under RSA 641:3.

I, hereby, pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X and acknowledge that diversion of cannabis is punishable as a class B felony and will result in revocation of my Registry Identification Card, in addition to other penalties for the illegal sale of cannabis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date